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APPLICANTS

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**** CONTINUING DATA ******* *checked*
 This application is a CON of 10/156,293 05/24/2002 PAT 6,685,079
NC

**** FOREIGN APPLICATIONS ******* *None*
NC

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>(Signature)</i> Initials <i>NC</i>	STATE OR COUNTRY MA	SHEETS DRAWING 8	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 2
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TITLE
 Full thickness resectioning device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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